TECHNICAL ASSISTANCE IN THE REFORM OF HEALTH LAWS AND REGULATIONS IN THE RUSSIAN FEDERATION

FINAL REPORT

USAID COOPERATIVE AGREEMENT
118-A-00-98-00166-00

This work also supported by CA's
 # 118-0004-A-00-6215-00
 # 118-0004-A-00-5321-00

covering the period of
November 1995 - September 2001

Submitted by

Boston University School of Public Health
Center for International Health

Boston and Moscow
October 2001

This report is dedicated to Dr. Svetlana Kruchinina, the Moscow Project Director from January 1996 until her death in September 1997.

1. INTRODUCTION

For six years, from November 1995 to September 2001, Boston University School of Public Health (BUSPH) had the privilege of working with legislators, policy makers, academics and analysts engaged in attempts to reform health policy in the Russian Federation. Supported by a series of Cooperative Agreements with the United States Agency for International Development (USAID), BUSPH was tasked to provide technical assistance in the reform of law and regulations. Over time, our work also expanded to include a number of health policy studies and experiments. This final report is a brief summary of the Project's work performed pursuant to the Cooperative Agreements. The Compact Disk (CD), which accompanies this report, catalogues and archives the Project's work products that may be relevant to other policy makers and analysts.

Section 2 of this report, briefly reviews the administrative history of our project. For those interested in the evolution of technical assistance to Russia during the 1990's, a little explanation is provided on the changes in the Project's organization and work emphasis in our work from 1995 to 2001.

Section 3 reviews the goals and objectives of the Project. The initial goal was to support creation of an independent Russian institution that would provide technical assistance and policy analysis for health reformers. When this institution did not materialize, the Project moved to direct provision of technical assistance to policy makers and legislators. Midway though the Project, and supported by an outside technical evaluation, we recognized the importance of independent policy analysis (as well as legal expertise) and undertook policy studies that had an important effect on health reform debates. We also supported USAID in its development of an HIV/AIDS strategy in Russia, while continuing technical assistance in the drafting of a number of regulations and policy guidelines. At the end of the Project, we commissioned evaluations of some important reimbursement reforms. In its last year, the Project came full circle to its original objective of sponsoring the creation of an independent "health policy think tank" (Zdravconsult) in Russia. Throughout the six years of the Project, improving the sophistication of health policy makers, and augmenting their knowledge of health systems in other countries, was one of our most important goals. With the creation of Zdravconsult, we believe the Project leaves an instructional legacy that will continue this educational process.

In Section 4, we review some of the techniques of technical assistance and collaboration which we have used. While we have been selective in the legal and regulatory reform projects which we supported, we have attempted to follow a process of "responsive scholarly consultation." We selected from projects that already had Russian support, rather than trying to sell particular "Western" concepts of reform. Even when we initiated policy studies, we selected topics that were already a focus of policy debate. Our approach was supportive, not prescriptive, and is described in this section. We also found support for Russian working groups to be a very effective technique. These groups provide a focus for concrete thinking and reform that would often be lacking in the crush of day to day decision making. The groups also intermediated the foreign technical assistance provided, an approach which seemed to make many of our comments more palatable.

Section 5 summarizes the Project's most important results, placing in context the draft laws, regulations and policy studies that we think are of lasting value. In this section, and in other places in this report, we include the index number of related documents contained on the CD. The referenced items and additional documents are described in the annotated index which follows the report.

Section 6 briefly describes the types of documents included on the CD and the audiences that may find these of interest. Annotations in the index are designed to enable a user to directly access documents of interest on the CD without reading the body of this report. The final section of the report acknowledges our debt to a stellar group of colleagues and associates.

2. BRIEF HISTORY OF THE PROJECT

In the summer of 1995, USAID Moscow issued a Request for Proposal (RFP) for technical assistance to a new non-governmental institution to be formed in the Russian Federation. The institute would do independent work in developing health policies and laws. BUSPH submitted a proposal, and was awarded a Cooperative Agreement (CA), #118-0004-A-00-5321-00, to provide technical assistance to the institute in the reform of health laws and regulations. Work began in November 1995. Boston University worked though a Moscow Office set up by the other winner of the competition, HPI. Dr. Svetlana Kruchinina was the Moscow Director of both projects.

The policy research institute envisioned in the RFP never got off the ground. However, BUSPH began an active program of technical assistance in the reform of health law and regulation. The Project worked with the Federal Duma, the Federal MHI Fund, the Ministry of Health, and selected oblast governments. BUSPH staff and foreign consultants prepared a variety of background papers on legal issues being considered in the reform process. The Project also supported Russian experts staffing working groups to develop the new laws and regulations.

In addition, the Project conducted study tours to the United States (US) permitting Russian officials to observe the operations of the US health care system. The focus was on the role of state governments. The geographic size and diversity of Russia, like that of the US, suggests that oblast governments, like state governments, can be laboratories for health systems reform. The tours also introduced participants to the diversity of non-profit institutions working in the American health care system.

In 1996, BUSPH competed for, and received, a second CA, #118-0004-A-00-6215-00, to continue the technical assistance begun in 1995. Ultimately funded at $1.45 million, this CA continued the legislative and regulatory initiatives. However, the scope of work broadened. It was apparent to BUSPH project leaders that out-of-pocket payments for health care had become substantial, and likely a significant barrier to necessary care for Russian patients. However, Russian officials downplayed the importance of patient payments when making health policy. To inform policy discussion, the Project contracted with the Institute for Social Research for a survey

of health expenditures by 3,000 Russian households in January 1998. A similar survey of 2,200 households was conducted in January 1999, with similar results.

BUSPH ran the Moscow operations of the new CA through a subcontract with Kaiser Permanente International (KPI), which had also been awarded a CA at the same time that BUSPH received its second award. However, the Moscow Director now worked full time on the BUSPH Project. Dr. Svetlana Kruchinina served in this position until her death, after which she was replaced by Dr. Igor Sheiman.

Although the Project remained focused on reform of laws and regulations, its mode of operation changed in several ways. Some of the funds under the second CA were subject to recently adopted US Congressional restrictions on direct assistance to Russian government agencies. As a result, the Project began to emphasize policy research and direct support for USAID Moscow. One hundred thousand dollars ($100,000) was earmarked for study of laws affecting the spread of HIV/AIDS, with the research supporting USAID staff in their policy dialogue with the Russian Government. Studies such as the household health expenditure survey also supported reform without providing direct technical assistance to Russian governmental agencies. Unrestricted funds were used to continue the drafting projects already begun.

In some cases, tasks were dropped from the Project's agenda as leadership changed and policy shifted at the Ministry of Health and Federal MHI Fund. Throughout the Project, we have been able to work with the Duma Health Care Committee and its Chair, Dr. Nikolai Gerasimenko. After the election of Mr. Putin as President, and particularly in the final year of the Project, interest in structural and financial reforms increased within the Ministry of Health, and the Project was again active in supporting working groups within the Ministry.

In 1998, the Project received a third and final CA for $1.2 million. Pursuant to the requirements of this CA, Boston University registered a representative office in Moscow, which assumed the financial and logistic responsibilities for the Project at the end of 1998, when the KPI office closed. Prior to the award of this final CA, the Project was subject to a thorough evaluation conducted for USAID by Jerry Wein and Julian Semidjiski. The evaluation was favorable and found the household health expenditure survey to be one of the most significant outputs of the Project to date. The evaluators suggested that BUSPH sponsor additional policy studies. To this end, the Project solicited and awarded three small grants for policy innovation and undertook a comparative analysis of the patterns of hospitalization in St. Petersburg and the United Kingdom. Prior to closure, the Project commissioned evaluations of ongoing reimbursement experiments.

In its final year, the Project came full circle to its original intent–the development of a Russian health policy "think tank." Russian and American participants both recognized that one of the Project's most significant contributions was the support of independent policy and legal analysis. There were no health policy research centers in Russia that were truly independent of the Government. There are skilled professionals working in the field of health policy, but no independent home for them beyond an academic appointment. For these reasons, the Project supported Dr. Sheiman in creating Zdravconsult, an independent Russian non-profit policy research organization.

Working under contract, Zdravconsult replaced the Boston University representative office as the focal point for the Project in its last six months. BUSPH supported Zdravconsult in developing its marketing materials and funding proposals. BUSPH will continue its association with Zdravconsult after the end of the CA. Dr. Sheiman will continue his appointment as an adjunct professor at BUSPH. Staff in the Departments of International Health and Health Law at BUSPH are prepared to provide foreign expertise to Zdravconsult when needed. The Zdravconsult roster of consultants includes the same Russian experts who have contributed so much to this Project. Zdravconsult has now received a Soros Foundation grant to maintain a website on CIS health reform, and has been awarded a World Bank funded consultancy for primary health care reform in Tajikistan. We are optimistic about the prospects for success of Zdravconsult. If it prospers, the advice it continues to give may be the most important legacy of this Project.

3. PROJECT GOALS AND OBJECTIVES

The Project's original objective was to provide Russian health reformers with technical assistance in developing and drafting legislation and regulations as well as access to the experience of other countries in structuring health care laws and regulations. This included identifying precedents from other health systems, explaining legal concepts used to structure health laws in other countries, and offering suggestions to Russian drafters based on experience with these laws. Understood was the goal that the reforms should produce greater efficiency and quality in Russian health care. The original RFP called for the technical assistance to be delivered through an independent Russian health policy institute. When this did not happen, the Project shifted to offering technical assistance directly to legislators and policy makers. Developing the knowledge base and legal understanding of our Russian counterparts was always an important corollary to the assistance offered in the context of any specific law or regulation.

In its latter stages, the Project returned to an objective specified in the original RFP– creation of independent capacity in Russia to perform health policy research and provide advice on the reform of health laws and regulations. With the formation of Zdravconsult, Dr. Sheiman took the first step towards this objective.

The Project managers avoided defining as an objective any specific change in the Russian health care system. To be directive in the choice of a reform agenda would have doomed any influence the Project might have. Thus, we were prepared to provide foreign technical assistance or support for Russian experts in any reform that promised to improve quality or efficiency of health services or the quantity and equity of funding available. We rejected requests for assistance for "reforms" which seemed to move backwards in terms of established public health principles, or which did not seem likely to improve efficiency, access, quality or equity.

Over time, we specified an additional objective for the Project–to stimulate health services research and experimentation. As documented in this report, much of this research focused on provider reimbursement and patterns of hospital care, as well as out-of-pocket health

expenditures. If there is to be more high quality health services research within Russia in the future, there must be sources of funding for such research. To date, this funding is not provided by the Russian government. We expect Zdravconsult to compete for research funds as they become available. Over the next few years, one of the more important goals for foreign assistance should be to supply a modest amount of competitive funding for sound health services research conducted by Russian researchers.

4. METHODS AND APPROACHES

In organizing our Project, we sought to provide unbiased assistance that was responsive to the needs of our Russian counterparts. We worked from the stated reform priorities of Russian partners, then identified the ways in which foreign technical assistance could be most useful.

In providing technical assistance for legal reform, the Project followed one overriding rule; assistance was provided to those initiatives and governmental units which actively sought our support, and submitted concrete evidence of intent to craft reforms which could improve the Russian health care system. Written submissions and budgets were requested from sponsoring agencies. To this extent, the Project was reactive; it did not dictate an agenda. Instead, it selected from expressions of interest, those which had the greatest support and greatest potential for positive effect.

When the Project accepted a proposal for collaboration, it offered both foreign and Russian technical assistance. This was usually offered through a working group established by the unit of government proposing the reform. The Project paid for Russian experts–including economists, doctors, and lawyers–to attend the working group. The focus provided by these paid consultants often accelerated the production of a document by the working group. Groups usually began by drafting a conceptsia – a "white paper," describing the need for reform and the proposed mechanisms, and then moved on to draft the implementing statute or regulation.

Foreign technical assistance was offered to the working groups in the form of background memoranda and translations of relevant precedents from other countries, as well as meetings in person. These papers described the range of legal and policy options, including their advantages and disadvantages, for achieving specific reform goals.

When appropriate, the Project funded a meeting for the working group to bring in representatives from other parts of Russia. Sometimes, foreign experts presented at these workshops, commenting on drafts, describing other countries' experience in responding to similar problems, explaining the structure and function of legal reforms adopted elsewhere and outlining important concepts that might be included in the draft. Summaries of these workshops are included in this report.

As drafting progressed, Mr. Feeley and Professor Mariner offered analysis and comments on the text of draft regulations and reports. When indicated, they would illustrate alternative approaches with examples from laws in other jurisdictions.

Over the life of the Project, we were able to work in this way with a variety of groups at national and regional levels. Nationally, the Project worked with the Health Care Committee of the Federal Duma, the Federal MHI Fund, and the Ministry of Health. Later, when the new Putin Administration sought policy suggestions, these were provided directly to the Ministry of the Economy and other groups developing the social policy agenda.

At the regional level, the Project worked with Novgorod and Moscow oblast Health Committees. In Samara, the Project supported work at the oblast level and within Kirovski rayon. In Tula, the Project funded a small innovative reimbursement experiment that involved both the Health Committee and its providers, as well as the regional MHI Fund and MHI insurers. In the City of St. Petersburg, the Project provided funds that helped develop the rules for outpatient consulting departments, as well as evaluating the resulting experiment at Hospital #7. St. Petersburg also collaborated by providing data and helping to compare inpatient utilization in the city with the pattern in the British National Health Service (NHS).

The Project has cooperated with international agencies in several ways. It supported the USAID HIV/AIDS strategy with analysis and legal research. This work has recently been shared with the UNAIDS office in Moscow. The Project partially funded the continuation of the Kirovski rayon experiment in Samara oblast, where the British Know How Fund had started negotiations towards a new scheme of primary care funding.

There have been other synergistic collaborations. When the Project analyzed criminal and administrative penalties related to prostitution and their possible impact on the spread of HIV, the Open Society Institute (OSI) responded by sharing the research it had sponsored on narcotics laws and HIV. This led to an arrangement where OSI distributed some of the Project's publications through its program to provide materials to Medical Academy libraries in Russia.

We have worked with academic and research institutions associated with the Russian government. At Medsoceconinform, the Project undertook activities in conjunction with the Director, Dr. Yuri Komarov, and his successor, Dr. Vladimir Starodubov. The product of these collaborations is included in this report. Under a contract with the Project, the Research Institute of Social Hygiene, Health Organization and Economics prepared a summary of relevant Russian health statistics over the last decade. We were also fortunate to work with key figures from the Institute on Economy in Transition (Gaidar Institute) and the Center for Strategic Development (Gref Institute).

In reviewing the various collaborations, we must stress the activities of the Russian experts employed by the Project. They were a vital part of working groups and study committees, and the authors of many of the documents included in this report. Russia is a proud country that instinctively rejects much "outside advice." Good ideas from foreign experts will have an impact on law and policy only if mediated through knowledgeable Russian experts who understand both the foreign precedent and the Russian context. To support our work, we were able to recruit a cadre of experts from academia and the insurance industry, as well as some of the few independent health policy consultants working in Russia. Led by Drs. Kruchinina and Sheiman,

who themselves contributed many ideas, this group of experts was a key factor in producing the innovative laws and regulations included in this report. They were also an integral part of the successful policy studies. Support for the independence of these experts and their participation in government drafting groups was one of the Project's most important contributions.

For policy studies, a rather different approach was followed. Here, the Project initiated the studies, seeking to provide new information where policy making seemed to be based on ideology alone, lack of empirical information or an incomplete understanding of current trends. For example, policy makers often referred to out-of-pocket payments for health care as a practice of unknown prevalence, and therefore could not take it into account in developing policy. The Project took this opportunity to conduct the household expenditure surveys to inform policy making. The research exploring hospital utilization patterns similarly arose from the Project's disquiet with the quality of policy debate.

In an attempt to go beyond analysis of existing data, the Project solicited small grant proposals for innovative health service experiments. In addition to St. Petersburg, other winners included the Tula General Practitioner fundholding experiment, and a proposal (Family Doctor) to revise the patient and provider contracts used by a Moscow managed care organization. With the addition of the Kirovski rayon experiment in Samara oblast, the Project supported three provider reimbursement experiments. In addition, other experiments at locations like Kaluga and Kemerovo were well known to the Project consultants. Therefore, it seemed appropriate to document the impact of reimbursement experiments so that the most successful might be replicated elsewhere in Russia. This evaluation work was completed at the very end of the Project. In many cases, it is still "too soon to tell" if a reimbursement experiment will have positive long–term effects. We hope that other projects will pursue this effort and support further evaluation research.

5. RESULTS

The following pages briefly outline the most important developments from six years of work. The numbers in braces {###} indicate the index number of the corresponding documents included in the companion CD. A brief description of the document is included in the annotated index which follows the end of this report. Readers interested in a better understanding of any item are urged to consult the original documents on the CD.

5.1 At the National Level

Federal Duma

On the level of national legislation, the Project's most extensive effort was to support the drafting of a comprehensive law on the organization of health care in Russia {240}. Dr. Gerasimenko intended the new law to bring some order out of the confusion of funding and responsibility which has prevailed since the early 1990's. Project staff warned that few countries successfully implement such sweeping reforms in a single omnibus

statute. Other legislatures tend to focus on specific components: finance, organization, licensing, quality control, insurance, public health, and patients' rights–in separate bills {150}. Perhaps because of its broad reach, the bill has not yet become law. Nonetheless, the Duma's discussions of the bill offered an opportunity to explore not only alternative ways to draft legislation, but also the wide range of policy issues that must be resolved and coordinated in a reformed system. Many sections of the bill contain potentially important reforms. While perhaps not achievable initially, the bill's public funding targets reflect the drafting group's understanding that Russia will never achieve acceptable public health care at existing funding levels, even with extensive reform and reorganization of the health care system.

Interaction between the Project and the Duma Committee while drafting a new tuberculosis control law was initially very encouraging. The Committee asked for, and received, a detailed memorandum from Professor Mariner showing how and when the power to force hospitalization of highly contagious TB cases could be reconciled with the protection of citizen's rights {490}. Many other groups commented on the draft bill, which was passed by the Duma with changes, indicating a reluctant willingness to shift emphasis to outpatient therapy {530}. After the Putin Administration's veto, for unrelated reasons, in early 2001, the changes implemented to obtain the President's signature were a regression (from the perspective of the Project's objectives). However, it would be possible to use the terms of the law enacted June 2001 to write regulations achieving many of the goals that foreign experts see as desirable to improve the Russian TB system.

The Project also supported the Duma as it began to address the pressing issue of controlling pharmaceutical costs. The summary of techniques used in the West, prepared for the Project by British expert Elias Mossialos and adapted by the Moscow Office Director, became an important input to Government discussions {430, 500}.

Mandatory Health Insurance

The Project's early collaboration with the Federal MHI fund focused on defining conditions and pre-requisites for insurance companies to participate in the MHI program {230}. Some suggestions by Project experts were accepted, although the private companies that serve as "intermediaries" in the Russian MHI program continue to vary greatly in their capabilities. The Project suggested that companies not fully meeting the minimum requirements to run the MHI program be required to develop plans showing how they would increase management capacity {280}. Although shelved after this initial suggestion, the idea that candidate MHI insurers should create management plans has recently received greater support.

More recently, the Project focused its efforts with the MHI program on encouraging experiments in MHI reimbursement. With an excess of capacity in the Russian hospital system, it is clear that reimbursement systems that encourage hospital use, even "per finished case" systems which provide some incentive to reduce length of

stay, will not close many hospital beds. Existing payment systems also do little to improve standards of care. For these reasons, the Project's Russian experts encouraged experiments using negotiated global budgets as a method of reimbursing hospitals {610, 680, 850}. Presented at a conference in Voronezh in December 1999, this proposal attracted substantial interest from a number of regional MHI Funds. Such global budget systems could provide incentives to both downsize and improve quality, particularly if the MHI system is willing to discriminate in its placement of such contracts. Contracts with global budgets will be more effective if funding sources are merged so that MHI and government do not continue to thinly spread inadequate public funds over an overextended system.

Another way in which reimbursement systems could be used to encourage system reform is to divert money from the hospital to the primary care sector, and give primary care providers an incentive to manage care and decrease demand for hospital services. The Project tested this option in two places. The Project provided some continuing support to an initiative begun by the British Know How Fund to pool funds available to primary care providers in Kirovski rayon of Samara oblast. Under this arrangement, the providers had authority to redirect funds by rationalizing capacity within the rayon, and to gain additional primary care funding by reducing utilization of regional hospitals. In Tula oblast, the Project funded a small experiment which created a fund holding system for general practitioners {950}.

Ministry of Health (MinZdrav)

The Project followed a number of different lines in providing assistance to the Ministry of Health. Early on, Project inputs were requested as the Ministry struggled to define the "government guaranteed benefit" freely available to Russian citizens {180}. Although a health insurance system had been implemented in 1993, there was no clarity on the specific benefits to which a Russian citizen was entitled under the constitutional guarantee of free medical care. A working group convened by the Project helped to define these benefits in 1996, and the definition is used by the Ministry of Health and the MHI Program.

Project staff also prepared briefing memoranda on such issues as the Medicaid "safety net" in the U.S. {100}, and the nature of U.S. laws that encourage health promoting behaviors {140, 380}. Russian readers were disappointed to learn that no single legal document accounts for U.S. accomplishments in matter such as tobacco control, AIDS prevention or improved personal health habits. Where the U.S. has observed an improvement, the result followed a complex shift in Federal and state laws supplemented, and often preceded, by NGO advocacy, public education and better health reporting in the media. Health promotion has been accompanied by public opinion favoring "self improvement," which may not be replicable in Russia at the moment.

Two Ministry initiatives which had a more pronounced impact were supported by the Project through its funding of Russian consultants and experts. One working group

developed a new guideline for reimbursement of Federal tertiary care facilities, as well as a system for coordinating and logging referrals to these facilities {820, 880}. As Federal funding for national facilities deteriorated, they became "fee-for-service providers," treating a patient as long as his or her care was paid for by a governmental unit, insurance fund, or private resources. No expectations were set about the level of service to be provided in return for the remaining federal subsidies. The new system requires that Federal institutions deliver certain volumes of care in return for Federal funding. The payment for such care must be based upon the cost of a reasonably efficient facility, not the actual costs of a facility with high unit costs because of low service volumes.

Also important were MinZdrav planning guidelines produced by the Project's Russian consultants {670}. These assist oblasts in developing facility plans and state orders. The guidelines include a target 15% reduction in hospital utilization. While this may seem modest when compared to national average annual hospitalization of 3,700 days per 1,000 population, the guidelines provide the first concrete instruction for health planners trying to "resize" health resources to meet emerging realities.

In the last years of the Project, work with the Health Ministry focused on ways to encourage greater management flexibility at the facility level. The Project assisted the Ministry to explore the "trust hospital" concept applied by the NHS in Great Britain {780}. A working group funded by the Project found no basis in existing Russian law to create "trusts" {750}. The options under Russian law impose too much control or create a parastatal organization which can ignore the planning framework of the health care system. Russian experts concluded that a new legal form is necessary. A conference supported by the Project in November 2000 {270, 710, 770} permitted the Ministry and others to further explore the "trust" form and other possibilities for enhanced management flexibility. Since then, a working group has been drafting a management autonomy law which would apply to cultural, educational and health care institutions. At the same time, the Project has supported an effort within the Ministry of Health to rewrite the budget guidelines in order to give facility managers more control and flexibility.

5.2 At the Oblast Level

Laws developed with the Project's assistance were more likely to be enacted at the oblast level. Novgorod drafted {320} and enacted in 1998 {360} a regional pharmaceutical law including provisions for formulary development and public tendering, thus implementing previous USAID funded technical assistance. At the Project's suggestion, the draft was modified to allow for generic substitution {290}. The focus on generic drugs seen in the U.S. and the West is new to Russia. Now, the Russian drug market is open to intense competition and expensive Western brand name drugs are marketed widely. Prior to the Novgorod statute, existing laws prohibited a pharmacist from suggesting a less expensive generic alternative to a brand name prescription. The modified statute creates the possibility for generic substitution and cost saving.

Another oblast success occurred in Samara. The oblast Duma in 1999 passed a law {720} on private health care which improved on the private practice bill drafted for the Federal Duma (with Project support). The Federal law {600} has not yet passed, but the Samara law is being implemented in the oblast. Regulations to implement this law were then developed, and adopted in 2001. These documents include a model professional liability insurance policy {890, 870} for private physicians. The working groups in Samara took into consideration many of the suggestions made by Project experts {910, 940, 830, 860}.

Although not yet passed, the effort in Moscow oblast to draft a regional health finance law provides a useful model for future reformers {250, 300}. It directly addresses the issue: how to prevent local governments from building barriers to referral facilities which should serve populations outside of the local tax base? One clear consequence of the deterioration of the Soviet health care system has been the creation of financial barriers to care as each oblast and local Government struggles to fund health care from local sources.

5.3 Policy Analysis

HIV/AIDS

One of the Project's most important activities occurred at the intersection of policy analysis and the original Project mandate to provide technical assistance in legal and regulatory reform. The AIDS epidemic in Russia clearly "took off" during the six years of the Project. Although Russia had enacted AIDS legislation in 1995, the level of concern rose as rapidly as the alarming increase in the reported number of cases–driven by the growth in intravenous drug use. The Project supported USAID Moscow's assistance to the Russian Government in its efforts to control the spread of HIV. Project activities included:

- comparing the existing Russian AIDS law to the laws and experience of other countries which have addressed the AIDS epidemic {570}. The Russian emphasis on wide scale HIV testing, with less attention to prevention, behavior change and treatment, is the single most important difference.

- analyzing Russian laws that affect HIV transmission among sex workers and their clients {760}. Russian laws on commercial sex are rather "liberal" in the sense that they punish those who coerce women into prostitution, but provide little or no penalty for the sale of sex. However, other laws may discourage sex workers from learning their HIV status, seeking treatment, or taking steps to reduce the possibility of HIV transmission.

- conducting focus groups with Russian doctors to obtain an insight into what they know about the laws governing the diagnosis and treatment of HIV/AIDS, and

gathering information from the field on the extent to which the goals of the law are being translated into action at the clinical level {810}

We were pleased by the positive response by those who have reviewed the reports of this work, including the UNAIDS office in Moscow which has now distributed a Russian translation of our summary report {1000}. It is our hope that wider distribution of this information, without an attitude of confrontation alleging the "superiority" of AIDS laws in other countries, may encourage Russian policy makers to take advantage of opportunities to improve HIV prevention and diagnosis.

Household Health Expenditures

Explicit policy research has been a major effort for the last three and one half years of the Project. The most expensive and extensive policy analyses were the household health expenditure surveys {400, 640, 660, 690}. The findings showed that out-of-pocket payments now equal or exceed public health care funding. Such payments create substantial barriers to care–particularly pharmaceutical purchases and hospital admissions. The payments are also regressive, taking a much larger percentage of income from poorer segments of the population. The extrapolation of the survey results to the national level {410} and the estimated total of private health spending, have been a matter of substantial discussion {370}. However, it is clear that this research has now changed the debate. The survey results have been distributed widely in Russia, as shown by the articles included in this report {420}. Valentina Matvienko, Vice Prime Minster of the Russian Federation in charge of social matters, referred to our estimates publicly. The Government has begun discussing the options for restructuring private expenditures. To support further research by others, in 2001 we assembled a more extensive presentation of the data from both the 1998 and 1999 surveys {1030}.

Hospital Utilization

Two other policy studies supported by the Project are noteworthy. In St. Petersburg, the Project offered a small amount of support during the development of regulations {790} that specifically encourage the creation of hospital consultant departments designed to reduce the need for inpatient care. To show how such services might be funded, foreign experts for the Project outlined the reimbursement of hospital outpatient services in Sweden {800}.

Analysis by the St. Petersburg grantees showed that gastroenterology is an area where many hospital admissions can be prevented by outpatient testing and consultation. Cases which would receive an outpatient endoscopy and drug therapy in Western countries are routinely admitted for tests and then kept for up to three weeks in the hospital. At Hospital #7 in St. Petersburg, an outpatient gastroenterology department was developed and equipped. The reports included here show that the experiment seems to

have worked {1010}. Patients, particularly those of working age, sought out the new outpatient department, and many were successfully tested and treated without admission. Occupancy of gastroenterology beds initially declined, and length of stay fell even though the remaining patients were apparently sicker. It appears that Hospital #7 was proving that a new paradigm for gastroenterology treatment could be implemented within existing institutions in Russia.

Alas, the operation (the experiment) was a success, but the patient is dying. To keep up occupancy and reimbursement, hospital administration moved other patients into the empty beds in the gastroenterology unit. When the Project offered to sponsor a "how to" conference for discussion of the experience at Hospital #7, regional health authorities declined. These authorities have announced the intention to close Hospital #7, and use its building to house a regional oncology center being evicted from a more desirable location in St. Petersburg.

The final major research effort by the Project confirms the potential of the experiment at Hospital #7. Data from the St. Petersburg MHI Fund on inpatient stays was compared with a population of similar size served by the British National Health Service in poorer urban districts. This analysis shows that Russian use of inpatient care substantially exceeds use in the NHS for almost every disease condition and every age group {920}. This analysis firmly refutes the "babushka defense" put forward by Russian health officials. This argument explains that Russian use of inpatient facilities cannot be compared to the West because Russia lacks alternative modes of care, and thus has much more "social hospitalization." In part, the argument is correct; Russia does not have separately licensed nursing home beds, which house the frail elderly and severely disabled as in the U.S. It does not have the well developed local authority social services which keep frail British elders at home. However, the consistent differences in use of hospitals extends down to the working age population and children across almost every significant diagnosis, thus showing that other factors account for most of the high rate of utilization of inpatient services in Russia.

We hope that further research will be directed to rethinking patterns of hospital usage in Russia in the future. The work we have undertaken to test alternative reimbursement strategies, and rethink planning guidelines, is a start. But more must be done in rethinking clinical protocols–as in Hospital #7. Although we cannot yet define the most effective mechanisms to stimulate reform, resources from excess hospital capacity must be redirected to better primary care, higher quality hospital care, newer equipment and higher salaries within the health care system.

Retrospective Evaluation

The Project commissioned the Research Institute of Social Hygiene, Health Organization and Economics (Schepin Institute) to summarize nationwide health care statistics over the last ten years {970}. The report is discouraging at a national level, showing a growth in total health systems employment despite the weak funding base, and confirming that, nationwide, the high level of hospital utilization has changed little in recent years.

More hopeful results are suggested by some of the end-of-project evaluations: a very preliminary analysis of the impact of general practitioner fund holding at Tula {950, 960}; a broader look at other reimbursement experiments around the Russian Federation {1050}; and an in-depth look at the experience of Kemerovo oblast {1040}. Kemerovo has not been the site of an activity under the BUSPH Project, but Kemerovo experts participated in many working groups supported by the Project. Kemerovo has a history of more than a decade of experimentation in health organization and reimbursement. It is our hope that some of these experiences documented here may encourage experimentation in other Russian oblasts.

5.4 Good Ideas for Later Use

Not every Project activity produced results. Some started well, but then lost political support. Regulations drafted in Kaluga provided for explicit copayments if public funding of the "guaranteed benefit" were insufficient. The regulations also provided penalties for health care providers that continue to collect from patients when services are fully funded {450, 460}. Alas, these rules did not obtain the necessary political support. Politicians are still reluctant to admit that medical care is not free. But the tone of the debate may be changing. In the fall of 2001, Yuri Shevchenko, Federal Minister of Health, introduced cost sharing proposals at the Congress of Physicians which draw on the work originally sponsored by the Project.

Another example of a promising initiative that failed, was the attempt to codify rules for health facilities to lease excess capacity and authorize the use of lease revenues to strengthen health services {580, 590}. Top Russian finance officials ruled that funds earned from leases must be returned directly to the general fund of the government "owning" the leased facility {730}. We suspect that this just drives the leasing process further underground. Leasing is an example of a reform to which Russia may return in the future, and we include the relevant documents in this report.

6. USING THIS REPORT

This Project has been "document intensive," with the production of numerous draft laws and regulations, research reports, and technical assistance memoranda. Documents prepared by BUSPH staff were translated into Russian for use by our Russian colleagues. The products of Russian working groups, as well as draft and final laws, have been translated into English. These documents were distributed for operational use, some rather widely. The English versions were submitted to USAID Moscow as part of BUSPH quarterly reports. However, the Russian and English versions have not previously been collected into a single volume.

By its nature, the reform of laws and regulations is a slow incremental process. Reforms of the Russian health care system will continue–although we cannot forecast their direction or outcome. Reforms that were sidelined during this Project may arise again, as the Federal Duma or a government agency reconsiders initiatives that were previously rejected. When these reform opportunities arise, it will be useful to refer to previous background memos, drafts of laws and regulations that were never accepted. For this reason, we have gathered the "work product" of the Project–in both Russian and English versions–in the CD which constitutes the bulk of this report.

In addition to possible future use by reformers in Russia, the documents may be of interest to other former Soviet countries as they struggle with the same issues that Russia has faced, including:

- inadequate public funding from an eroded tax base,
- an overextended, inefficient and generally overstaffed system of health facilities,
- large and often regressive out-of-pocket payments for care, a consequence of inadequate public or risk-pooled funding and the huge number of people struggling to make a living in the health care system,
- maintaining universal access to health care in a decentralized system, and
- coordinating the legal rights and obligations of public and private institutions to finance and deliver health care.

There is much to learn from the Russian experiment with mandatory health insurance, as well as laws addressing finance and organization of health care within the Russian Federation. We provide the documents on this CD to reformers and researchers in other Former Soviet Countries with a word of caution. Just as Western techniques of medical care organization and financing cannot be transferred directly and immediately to former Soviet countries, experiments in Russia cannot be transplanted successfully to every post-Soviet health care system. As reforms progress, it will be important to understand the environment in which these reforms survived or failed in Russia.

In addition to the policy makers in Russia and in other Newly Independent States, scholars and students of Soviet reforms are an additional audience for this report. We have not attempted to write a long history of health reform over the six-year period we worked in Russia. Instead, we leave these documents, with brief annotations to identify their development and status, as an

archive for those who chronicle Russian health reform.

A copy of the annotated index follows. On the CD, Project documents are categorized in two ways:

1. **The Outline page** – In the Outline page, document titles are organized under four general categories:
   I. Statues and Regulations
   II. Background Documents
   III. Policy Studies and Legal Analysis, and
   IV. Lessons Learned.

   Each Outline page title is linked to its description on the Index page.

2. **The Index page** – The Index page allows the user to read about or open the available English or Russian version of the document. The Index page is organized chronologically and includes a link to the Outline page. This allows the user to navigate to documents under the same outline heading. The Index page also lists a 'Type' for each title. The user will see reference to the following types:

   - BACKGROUND and MEMORANDUM – These are documents produced by BUSPH staff and foreign consultants outlining approaches in other legal systems to control or regulate a particular matter. We sought to focus some of the policy issues to be addressed by a reform.

   - CONCEPTSIA – Drafted by our Russian colleagues, this is a step in the Russian legislative process which precedes a draft law or regulation. A conceptsia states the problem, and the approach to be followed in the subsequent legal documents. The nearest analogy is a "White Paper" prepared for parliamentary or agency use.

   - DRAFT (LAWS) and RULES & GUIDELINES – The Project's foreign experts played no role in drafting these, although Russian consultants funded by the Project did assist in this work. Occasionally, multiple drafts (initial, intermediate, interim, or final drafts) are shown to give the reader a sense of the evolution of the product. In areas where the Project provided technical assistance, and where new or revised laws or regulations were actually adopted, the CD includes the final text.

   - COMMENTS – These were prepared by BUSPH faculty or consultants, and identify to our Russian counterparts the possible precedents from other countries which might guide more precise drafting. The comments also identify areas where the language of a draft is vague, contradictory, or apparently antithetical to policy goals. Occasionally, we indicate where we think a policy is misdirected or failed to consider relevant evidence and precedents, but have kept such comments to a minimum.

   - ANALYSIS –These include the policy studies undertaken by the Project to frame

issues for potential reform, as well as documents prepared by Project staff summarizing lessons learned in providing this technical assistance. This 'Type" also includes articles, including one still under revision, which reaches some conclusions about the importance of legal reform in the process of Russian health reform {930}.

We trust that the annotations for each document in the index will lead researchers and reformers to the items of greatest relevance and interest. Where more background information is desired, we encourage the reader to contact us directly. The Project Director, Frank Feeley can be reached at the BUSPH Department of International Health, ffeeley@bu.edu. Professor Wendy Mariner of the BUSPH Department of Health Law is the author of many of the technical assistance documents and was responsible for all of the AIDS law work. She can be reached at wmariner@bu.edu. Igor Sheiman was a consultant to the Project from its inception, and the Moscow Office Director from September 1997. He is now the leader of Zdravconsult, and can be reached at igor.sheim@g23.relcom.ru

7. ACKNOWLEDGMENTS

This Project was one of true collaboration. Our role was to assist others to develop relevant reforms. To the extent this Project has had an impact, it is due to the work of our Russian counterparts, to the continued support of the USAID Mission in Moscow, and to the staff and experts who supported our efforts. We cannot list all who contributed, but mention here a few of the individuals who most actively supported our work over the last six years.

Dr. Tamara Sirbiladze was our Project Officer at USAID Moscow throughout this Project. Her advice and counsel have been invaluable. We also appreciate the support of the USAID PHN officers who have had oversight of this Project–Susan Cheney, Terry Tiffany, Constance Carrino, and Kerry Pelzman.

Our collaboration with the Duma Health Committee was greatly aided by the Chair, Dr. Nikolai Gerasimenko and by Boris Maksimov, recently retired as chief of staff to the Committee. Dr. Boris Askerkhanov led the effort to draft a new tuberculosis law for the Committee and thoughtfully considered our comments.

Dr. Vladimir Starodubov supported the work of the Project as Deputy Minister of the Ministry of Health, during his term as Minister of Health, and later as head of Medsoceconinform. Recent work with the Ministry of Health was greatly advanced by the support of Anatoly Vjalkov, Vice Deputy Minister and Ruslan Halfin, Director of the Strategy Department. At the Federal MHI Fund and in Moscow oblast, we benefited from support by Vladimir Semenov. Dr. Vladimir Solodki in Moscow and Dr. Valery Medic in Novgorod also worked well with the Project.

Russian experts who staffed working groups, drafted conceptsias, analyzed existing laws and performed policy research greatly advanced the work of the Project. These experts include:

- Sergei Anoufriev

- Vladimir Boikov
- Ludmilla Isakova
- Lev Jacobson
- Elena Popatchik
- Vladimir Shevsky
- Sergei Shishkin
- Roman Zelcovich

Our administrative staff–Nicole Bernardi, Mike Devlin and Joe Anzalone in Boston, Elia Nagaeva and Lina Fateeva in Moscow– enabled us to run a complex project on a very small budget. We are indebted to many translators, but particularly to Andrei Dakar, who now knows as much about Russian health reform as many an "expert."

Most of all, we are indebted to the Moscow Directors of this project. Dr. Svetlana Kruchinina provided an extraordinary balance of technical expertise, integrity, creativity, diplomacy and common sense, without which the Project might never have got off the ground in its early months. We all miss her deeply. Her successor, and husband, Igor Sheiman, shares her fine qualities. He has ably guided the Project through changing governments and shifting priorities to leave the legacy of ideas collected in this report.

Rich Feeley
Wendy Mariner
March 15, 2002

An Annotated Index of Project Documents

Index Language E=English R=Russian	Title	Description of Document	Author	Date	OUTLINE	TYPE
100 E	***Basic Characteristics--Medicare and Medicaid Programs***	One of the first background memoranda prepared by the Project explaining the health care safety net provided by Medicare and Medicaid for the aged and poor in the United States.	**BU**	**11/17/95**	**II.L**	**Memorandum**
110 E	***Issues in the Regulation of Health Insurance Companies***	Background memorandum prepared early in the Project on issues which will arise in the regulation of private health insurers. At the time, there was more interest in the further development of voluntary health insurance in Russia. Identifies potential abuses by health insurers and the statutory controls that could be applied.	**Feeley, FG; Powell, D**	**11/19/95**	**II.B**	**Memorandum**
120 E	***Issues to be Addressed in a Law Governing the Private Practice of Medicine***	A background memorandum prepared early in the Project identifying the issues which may arise in licensing private practitioners. Used as input by Russian experts drafting private practice laws for the Federal and Samara oblast Duma.	**BU**	**3/17/96**	**II.A**	**Memorandum**
130 E	***Regulation of Medical Devices in the United States (including Comments on the Draft Concept Federal Law on Medical Devices)***	Background document on the US system for regulating medical devices. Prepared as input to the Federal Duma Health Care Committee in drafting a medical device regulation law (see #330, #350).	**Feeley, FG; Mariner, WK;**	**3/18/96**	**II.K**	**Memorandum**
140 E	***Health Education and Prevention in the United States: Overview of a Non-System***	Prepared by Project staff in response to questions about the legal actions taken by US Government which have resulted in improved self-protective behaviors by US citizens in such matters as tobacco use, drinking, nutrition, exercise, driving, etc. The memorandum points out that improvements have been based on a complex mix of actions by NGO's, the media, Federal , State and local governments, and are not dependent solely upon new laws.	**BU**	**3/19/96**	**II.D.1**	**Memorandum**

150 **E**	***Topics in Health Legislation [Elements & Structure of a Comprehensive Health Code]***	In response to a request from the Chair of the Duma Health Committee, Project staff prepared this summary of all of the topics which might be included in a comprehensive recodification of Russian health law. It covers financing, licensing, quality control, planning, and patients rights/ethics. Boston University staff urged the Duma Health Care committee not to attempt all reforms in a single bill, but provided this documents as a comprehensive outline of topics that might be covered.	**BU**	**4/1/96**	**II.C**	**Memorandum**
180 **E** **Appendices** **R**	***Benefit Packages in Health Insurance Programs***	A background document which describes benefit packages in health legislation. It has 10 Appendices which include many examples, from both the UK and US. It was written to assist in the development of the mandated health benefit to Russian citizens.	**Mariner, WK**	**12/19/96**	**I.B.1**	**Memorandum**
190 **E**	***Longitudinal Trends in Household Expenditure for Medical Care and Drugs in Russia***	Analysis of the available data on Russian household expenditures on medical care and drugs as reported in the USAID sponsored RLMS (Russian Longitudinal Monitoring Survey) from 1991 through 1996.	**Feeley, FG**	**7/8/97**	**III.B**	**Analysis**
200 **E R**	***Federal Law "ON PRIVATE HEALTH CARE"***	Draft Federal law which would establish a clear right to operate a private medical practice, subject to certain restrictions. Also gives private practitioners the opportunity to contract for provision of state-funded health benefits.	**Federal Duma Health Committee**	**7/9/97**	**I.A.1**	**Initial Draft**
210 **E**	***Comments on Federal Legislation on Private Health Care***	Comments by Boston University staff on the first Duma draft law on private medical practice (#200).	**Feeley, FG**	**7/10/97**	**I.A.1**	**Comments**
220 **E**	***Comments on The Russian Federation Draft Federal Law on Health in the Russian Federation***	Extensive comments prepared by BUSPH staff on the first draft of a law on the structure of health care in the Russian Federation. Notes a number of positive developments--including recognition of private practice and explicit targets for public funding of health care. Allocation of authority and responsibility to different levels of government seen as incomplete and sometimes confusing. A number of suggestions are made for consideration in a subsequent draft.	**BU**	**7/21/97**	**I.A.2**	**Comments**

230 **E**	***Summary Notes: Workshop on Regulations for Accreditation of Insurance Companies Working in Mandatory Health Insurance September 16-18, 1997***	Summary of a workshop sponsored by Project and Federal Mandatory Health Insurance Fund (MHI) to consider draft regulations defining the conditions which must be met for insurance companies to offer MHI policies. Issues discussed included financial security, management competence, patient service, data collection and reporting.	**Feeley, FG (Reporter)**	**9/18/97**	**I.C.1**	**Comments**
240 **E R**	***Federal Law on Health in the Russian Federation***	Major proposal by Duma Health Care Committee to codify and clarify responsibilities in the Russian health care system, including: • required levels of health funding • responsibilities at Federal, oblast and local level for planning, operation, and funding of health care services. Full clarity not achieved in some sections, with continuation of some overlapping responsibilities. Under revision, not yet reintroduced by 9/30/01.	**Gerasimenko, NF; Askerkhanov, GR; Vorogushin, VA;**	**11/1/97**	**I.A.2**	**Initial Draft**
250 **E R**	***Concept of the Moscow Oblast Draft Law: On Management and Financing of the Moscow Oblast Health Care System"***	Concept paper defining the objectives to be achieved by the proposed oblast law on structure of health financing across the oblast. A draft law (document #300) was introduced to Moscow oblast legislature based on this conceptsia.	**Moscow Oblast Working Group**	**11/25/97**	**I.F.1**	**Conceptsia**
260 **E**	***Potential Applicability to Russia of Selected Legal and Organizational Principles of the U.S. Health Care System***	Report prepared for a workshop held at MedSocEconInform on possible lessons for Russia from US experience in law and regulation. Topics covered at the Workshop included professional liability(malpractice) law and state (rather than national) regulation of quality.	**Presented by BU and MedSocEcon-Inform.**	**12/16/97**	**IV.A.1**	**Comments**
270 **E** **Appendices** **Part I** **Part II**	***Memo on Nonprofit Corporation Law***	Background memorandum prepared by Project experts on the statutory basis for the operation (and control) of non-profit organizations in the United States. Includes examples of relevant statutory language at the state level. Project experts found that the concept of the non-profit health service organization was very difficult to translate into the Russian context.	**Mariner, WK;**	**2/20/98**	**II.E**	**Background**

280 **E** **R** **(Partial)**	***Federal Fund Workshop on Planning Requiremenrs for Insurance Companies Seeking Accreditation for Mandatory Health Insurance***	Follow up to the regulations discussed at the Conference documented in #230. It had been suggested that insurance companies not yet fully meeting accreditation standards for MHI might be granted interim accreditation if they submitted a plan documenting the steps to be taken to enhance capacity to manage MHI. Summarizes a workshop including US and European Insurance experts.	**Feeley, FG;**	**3/3/98**	**I.C.1**	**Workshop**
290 **E**	***Novgorod Pharmacy Legislation: Sample of U.S. Laws govering Pharmacy Dispensing of Generic Drugs***	Comments, including a suggestion--with references to US examples--that the law include a provision on generic drugs. The draft law contained no reference to generics, and would always require dispensing of brand name drugs when written on the prescription. Since the burden of drug purchases falls heavily on households in Russia, the Project recommended language authorizing substitution of generic equivalents.	**Mariner, WK;**	**3/10/98**	**I.D.1**	**Background**
300 **E**	***Draft of the Law of the Moscow Oblast "On Administration and Financing of Health Care System of the Moscow Oblast"***	Draft law on oblast health finance, never passed, containing innovative financing provisions, including: • authorization for copayments when public funding is inadequate to cover all costs of guaranteed benefits • financial penalties on facilities that charge patients amounts for government guaranteed services in addition to any authorized copayments. At time of report, the bill was being revised for submission to the oblast Duma. For later version, see #440.	**Moscow Oblast Working Group**	**3/31/98**	**I.F.1**	**Initial Draft**
310 **E R**	***BU Comments. Draft of the Law of the Moscow Oblast "On Administration and Financing of Health Care System of the Moscow Oblast***	Boston University Comments on document #300. Suggests a number of clarifications in the language.	**Feeley, FG; Mariner, WK;**	**3/31/98**	**I.F.1**	**Comments**
320 **E R**	***Draft of the Oblast Law "On Drugs Provision to the Oblast Population"***	First draft of an oblast law implementing pharmaceutical policy reforms including a regional formulary and competitive tendering for government drug purchases. Also defines rules for licensing pharmacies.	**Novgorod Oblast Working Group**	**3/31/98**	**I.D.1**	**Initial Draft**

330 **E**	***Draft of the Federal Law on Medical Devices***	Text of draft Federal law on licensing medical devices. Detailed control procedures were defined, but with confusing overlap of responsibility for initial licensing and post-market enforcement of standards. Also included are sections on responsibility for approving purchase of major equipment for medical institutions. Bill seems to have died on the Duma Health Committee agenda; there was no further serious consideration during the rest of the Project.	**Deputies of the State Duma, Public Health Committee**	**3/31/98**	**I.A.4**	**Initial Draft**
340 **E R**	***The Role of State Government in Regulating Health Care and Health Providers***	Background memorandum explaining the role of state government in regulating and controlling aspects of the US health care system.	**Feeley, FG;**	**3/31/98**	**II.I**	**Background**
350 **E R**	***Comments. Revised Draft: Federal Law on Medical Devices***	Comments on the draft law, including suggestions for simplifying responsibilities and possible harmonization with licensing requirements of other developed countries.	**Feeley, FG; Mariner, WK;**	**4/15/98**	**I.A.4**	**Comments**
360 **E R**	***Novgorod Oblast Law "On Drugs Provision to the Oblast Population" Enacted 4/29/1998***	Law enacted by the Novgorod oblast legislature in May 1998. Contains a clause which responds to Project suggestions on generic dispensing.	**Novgorod Oblast Duma**	**4/29/98**	**I.D.1**	**Final Law**
370 **E**	***Survey of Out of Pocket Payment for Health Care: Implications for Health Care Policy***	Presentation by the Moscow Project Director on the implications for Russian health policy of the high level of out- of-pocket payment for drugs and medical care identified in the December 1997 survey (#400).	**Sheiman, I; Mossialos, E;**	**5/18/98**	**III.B.1**	**Analysis**
380 **E**	***U.S. Law and the Reduction of Health Risks; The Case of Tobacco Smoking***	More detailed background memorandum prepared for the Federal Duma Health Committee on statutory actions at the Federal and local level in the US to reduce tobacco use. Prepared in response to the interest of the Committee Chair on legal actions to reduce tobacco use in Russia.	**Feeley, FG; Mariner, WK;**	**6/30/98**	**II.D.2**	**Background**
390 **E**	***Diverting Substance Abusers from the Criminal Justice System to Medical Treatment***	Prepared by the Project after the visit of a Russian study tour, which viewed a "diversion" project in which narcotic drug users are placed in treatment rather than jail. Describes the "alternative sentencing" concept.as a possible precedent for treatment of Russian narcotic addicts.	**Mariner, WK;**	**6/30/98**	**II.J**	**Background**

400 E R	***Russian Citizen's Health-Related Expenses. (Analytic Report of the Household Survey Results)***	Initial report of a 3,000 household survey of expenditures on drugs and medical care in December 1997. Expenditures are broken down by type of service, ownership of provider and method of payment (formal or informal).	**Institute of Social Research, Russia**	**6/30/98**	III.B.1	Analysis
410 E	***Evaluation of the Amount of Citizen's Health Related Expenses in the Russian Federation***	Projection of the findings of the December 1997 survey (#400) to determine aggregate national household Health expenditure. Estimated private health expenditures are compared with public expenditures (including MHI) and previous estimates of household out-of-pocket health expenditure.	**Shishkin, S; Institute of Social Research, Russia**	**6/30/98**	III.B.1	Analysis
420 R	***Household expenditure on Medical care and drugs. Russian article published in Journal of Economic Issues.***	Russian language article prepared by the Project and its consultants on the December 1997 summary and its implications.	**Boikov, V; Feeley, FG; Sheiman, I; Shishkin, S;**	**7/1/98**	III.B.5	Analysis
430 E R	***Analysis of Potential Options for Drug Price Regulation in Russia***	Report by a British expert reviewing the techniques used to control pharmaceutical costs by different European countries. Commissioned by the Project at the request of the Federal Duma Health Care Committee as it considered a response to the high costs of drugs and the resulting heavy burden on household budgets. The Russian version was substantially revised (by Sheiman & Shishkin) and distributed to the Russian MOH and Duma.	**Mossialos, E; Sheiman, I; Shishkin, S;**	**9/1/98**	II.F	Background
440 E R	***Draft of the Law of the Moscow Oblast "On Administration and Financing of Health Care System of the Moscow Oblast"***	Draft law developed by Moscow oblast but stalled for some time. Defines financial arrangements in health care in the oblast, including procedures intended to prevent facilities which should serve a wider area from refusing publicly funded care to patients from outside the municipality responsible for the facility. See #300 for earlier version.	**The Moscow Oblast Duma**	**9/1/98**	I.F.1	Interim Draft
450 R	***Draft of the Law of the Kaluga Oblast "On State Guarantees of Free Health Care Provision to the Population".***	Draft Law; see #460 for project comments.	**Kaluga Oblast Working Group**	**9/1/98**	I.E.1	Draft
460 E R	***Comments on Draft Kaluga Law***	Suggested improvements in the Kaluga draft law (#450). Recognizes the important precedent set by the copayment provision and ban on "shadow payments."	**Feeley, FG;**	**10/7/98**	I.E.1	Comments

470 E R partial (other comments)	***Comments on the Draft Federal Law of the Russian Federation Protection of Citizens Against Tuberculosis.***	Boston University comments on the first draft of a new TB law introduced in the Federal Duma. Comments highlight lack of procedures for forced hospitalization of highly infectious cases, and the continued apparent emphasis on inpatient treatment.	**Feeley, FG; Mariner, WK;**	**10/13/98**	I.A.3	Comments
480 E	***Draft Federal Law of the Russian Federation Protection of Citizens Against Tuberculosis.***	BUSPH suggested this document as a model for language to be included as a segment of the TB law defining the conditions and procedures for mandatory hospitalization of infectious TB patients. Document #490, a set of drafting notes, accompanied this model statutory language and explained the provisions used. While the model was not incorporated into the statute, subsequent drafts did add a new clause broadly outlining a hearing procedure for contested hospitalizations.	**Mariner, WK;**	**12/3/98**	I.A.3	Draft
490 E R	***Drafting Notes on Provisions Authorizing Involuntary Hospitalisation for the Federal Law "Protection of Citizens of the Russian Federation Against Tuberculosis".***	Suggests specific procedures which might be incorporated into a revision of the proposed Federal TB law to authorize involuntary hospitalization of highly infectious cases while providing for an independent hearing to protect patient's rights. TB full procedures was not adapted in subsequent drafts. The TB law finally passed (2001) and does provide for an independent hearing for involuntary hospitalization.	**Mariner, WK;**	**12/3/98**	I.A.3	Comments
500 R	***Drug Price Regulation***	Document prepared by Moscow Project staff presents a general review of the topic. See #430 for a related document.	**Mossialos, E; Sheiman, I; Shishkin, S;**	**12/31/98**	II.F	Analysis
510 E	***Comments on Draft Federal Law "Prevention of the Spread of Tuberculosis in the Russian Federation"***	These comments refer to changes made (and not made) by the committee in its second draft of the TB law (see #470).	**Feeley, FG; Mariner, WK;**	**1/21/99**	I.A.3	Comments
520 E R	***Comments on Federal Law: "Prevention of the spread of tuberculosis in the Russian Federation".***	Comments on the first TB draft law (see #530) from the Director of the TB Control Program of the Commonwealth of Massachusetts (Dr. Nardell), based on experience with TB control legislation and treatment in the US.	**Nardell, E; Harvard School of Medicine Massachusetts Department of**	**1/21/99**	I.A.3	Comments

			Public Health.			
530 **E R**	***Draft Federal Law "Prevention of the Spread of Tuberculosis in the Russian Federation" and BUSPH Comments***	Single document containing the text of the first draft of the Federal TB law as well as Boston University comments. A TB law passed the Duma in 2000 after extensive revision, was then vetoed by President Putin. After further revision, a new TB law was signed by the President in June, 2001. The enacted version contains some indirect references to possible use of directly observed outpatient therapy, but seems to retain traditional focus on wide scale testing and inpatient care for positive cases. The enacted version incorporates some references to independent hearings for involuntary hospitalization, but the standard for determining the need for forced hospitalization is open to some ambiguity.	**BU**	**1/21/99**	**I.A.3**	**Interim Draft Comments**
540 **E R**	***Comments on "External Control of Health Care Quality in Mandatory Health Insurance System: Guidelines"***	Comments by Project staff on the proposals made in document #620. Includes concern for lack of focus on disputes between patients and MHI insurance companies.	**Feeley, FG; Mariner, WK;**	**2/17/99**	**I.C.2**	**Comments**
550 **E R**	***MHI Presentation: Protection of Health Insurance Consumers: Approaches from the United States***	Presentation by former Deputy Commissioner of Insurance of the state of Massachusetts describing actions taken in the United States to protect those with health insurance. Presented at the conference in which items #620 and #630 were discussed.	**Turnbull N., Harvard School of Public Health**	**2/17/99**	**I.C.2**	**Comments**
560 **E**	***Public Hearing, State Duma: Draft Legislation - Prevention and Control of the Spread of Tuberculosis in the Russian Federation.***	Presentation by Dr. Nardell in Moscow at a hearing to consider the draft TB law.	**Nardell, E; Harvard School of Medicine Massachusetts Department of Public Health.**	**3/15/99**	**I.A.3**	**Comments**
570 **E R**	***Preliminary Summary and Analysis of the Federal HIV Law***	Detailed analysis of the text of the Russian law on HIV/AIDS, showing similarities and differences with HIV/AIDS laws adopted in recent years in other countries. On its face, the law provides reasonable protection for the rights of persons with HIV/AIDS. It establishes a broad-based testing program that creates a number of problems.	**Mariner, WK;**	**3/15/99**	**III.A.2**	**Comments**

580 **E**	***Regulations Governing "Leasing" By Government-Owned Health Care Facilities.***	Background memo on possibility of raising additional revenue for health care by leasing surplus facilities.	**Feeley, FG;**	**3/25/99**	**II.H**	**Analysis**
590 **E**	***Making Public Health Resources Available for Private Use.***	A memorandum outlining ways in which publicly owned facilities might be leased to private medical providers with controls to prevent abuses such as diversion of patients and "sweetheart" rents.	**Quigley, K;**	**3/26/99**	**I.B.4**	**Memorandum**
600 **E**	***Draft: Federal Law on Private Medical Practice (English translation)***	Revised Federal draft law on private medical practice. At the reporting date, this bill had not yet been passed by the Federal Duma.	**State Duma of the Russian Federation, Committee for Health Protection**	**3/31/99**	**I.A.1**	**Intermediate Draft**
610 **E**	***Guidelines on Preferable Provider Payment Methodologies in MHI System.***	A concept paper suggesting experimentation with new methods to reimburse providers in the MHI system, particularly a negotiated global budget in which MHI would purchase defined volumes of care for a price negotiated with the provider.	**Isakova, L; & Sheiman**	**3/31/99**	**I.C.3**	**Conceptsia**
620 **E**	***External Control of Health Care Quality in Mandatory Health Insurance System: Guidelines (English translation).***	Draft regulations prepared by the Federal MHI Fund defining the required role of insurance companies in protecting the interests of patients insured under MHI. Includes penalties and methods of recovery for various violations by health care providers.	**Federal MHI Fund**	**3/31/99**	**I.C.2**	**Rules & Guidelines**
630 **E**	***Responsibilities of the Insurer to Protect Rights of the Insured in Mandatory Health Insurance System***	Concept paper on the roles of MHI insurers in protecting patient's rights. Reviews existing activities, including recovery of damages and penalties for negligent or inappropriate care by health providers. Note there is little focus on protecting patients from potential abuses by the insurance companies administering MHI policies.	**Federal MHI Fund**	**3/31/99**	**I.C.2**	**Conceptsia**
640 **E**	***Russian Household Expenditures on Drugs and Medical Care: Results of a December 1997 Survey of 3,000 Households***	This English language article on the results of the December 1997 survey is not yet published. However, it is referenced in a 2000 World Bank publication on informal payments: Who is Paying for Health Care in Eastern Europe and Central Asia by Maureen Lewis.	**Boikov, V; Feeley, FG; Sheiman, I; Shishkin, S;**	**3/31/99**	**III.B.5**	**Analysis**

650 **E**	***Health Sector Informal Payments in Russia (Chapter for York University estimating volume of informal payments)***	This document was prepared by Sergei Shishkin to summarize the findings of the household expenditure studies with reference to informal (shadow) payments for medical services. It was intended for use in a book on shadow payments to be produced by York University. The surveys differentiated out-of-pocket payments by formal and informal (shadow) charges, and by type of service and provider	**Feeley, FG; Sheiman, I; Shishkin, S;**	**3/31/99**	**III.B.5**	**Analysis**
660 **E** **summary** **R** **pgs. 1-118** **pgs. 118+**	***Preliminary report:Russian Household Drug and Health Care Expenditures.(Social Survey Findings)***	Report of a second survey (2,200 households) of out-of- pocket health expenditures conducted one year after the initial survey. Shows slightly lower total expense on drugs and medical care, but slightly higher percentage of household income. Includes questions asked in previous survey, plus additional items on family planning and ability to purchase different categories of drugs.	**Institute of Social Research, Russia**	**5/1/99**	**III.B.2**	**Analysis**
670 **E** **comments only** **R**	***Draft: Strategic and Short-term Health Planning in the Russian Federation. Technical Guidelines.***	Comprehensive set of guidelines and procedures developed for Ministry of Health by Russian advisors with Project assistance. Includes techniques for calculating required supply of health facilities in view of stated goals to reduce total inpatient hospitalization, and recognizing the shortage of available funds. Subsequently distributed for oblast use.	**Minzdrav Working Group**	**6/20/99**	**I.B.2**	**Rules & Guidelines**
680 **E R**	***Guidelines for Selection and Structuring of Health Care Provider Payment System for the Territorial Mandatory Health Insurance Program***	Develops criteria to be used in selecting the method of payment used by MHI systems. Discussed at a national conference on MHI provider reimbursement in Voronezh in December 1999. See #725 for project comments on this document.	**Isakova, L; & Sheiman**	**8/1/99**	**I.C.3**	**Rules & Guidelines**
690 **E**	***Draft Article: Could Drug Costs be Contributing to Cardiac Mortality in Russia?***	Analysis based on the December 1998 household survey reporting inability to purchase drugs due to cost by class of drugs. Shows a high rate of inability to purchase recommended cardiovascular drugs, possibly a contributing factor to the high rate of cardiac mortality in middle age.	**Feeley, FG;**	**9/20/99**	**III.B.5**	**Analysis**

700 **E**	***Boston Medical Center. A Private, Non-profit Hospital with Public Service Obligations. (Description of Boston Medical Center Governance).***	Description of the legal form of Boston University Medical Center, an independent non-profit organization which consolidated existing Government and non-Government hospitals. Also describes the process of legal approval and merger. Prepared as background for a discussion of possible alternative forms of health care organization in Russia.	**Mariner, WK;**	**9/30/99**	**II.E**	**Background**
710 **E R**	***Quasi-Governmental Operation of Public Hospitals in Singapore. Overview.***	Describes parastatal organizations formed to run government hospitals in Singapore and some of the issues in the conversion from direct operation by the Ministry of Health.	**Feeley, FG;**	**9/30/99**	**II.E**	**Background**
720 **E R**	***Draft: The Law of Samara Oblast on Private Medical Activity***	Important precedent. Based on the draft private practice law first proposed by the Federal Duma health committee, this version improves it in a number of respects. Subsequently amended and enacted by the Samara oblast Duma.	**Introduced by the Governor of Samara Oblast**	**9/30/99**	**I.G.1**	**Initial Draft**
725 **E**	***Comments on "Guidelines for Selection and Structuring of Health Care Provider Payment System for the Territorial Mandatory Health Insurance Program"***	Comments on document #680.	**BU**	**1/19/00**	**I.C.3**	**Comments**
730 **E**	***The Concept of Legal Regulation of Property Lease in Health Sector***	Analysis of Russian law controlling the possible lease of government health facilities for non-government use. Russian law requires the return of lease income to the Governmental entity owning the facility, which makes it difficult to channel such funds back into improvement of health care services.	**BU Moscow Office**	**2/1/00**	**I.B.4**	**Expert Analysis**
740 **E**	***Basic Elements of the Legal System of Physician Liability for Negligent Patient Injury in the United States with Comparisons to England and Canada***	Prepared at the request of MedSocEconInform at a time when insurance companies proposed that Russia require malpractice insurance coverage for all physicians. Reviews the legal systems for assessing liability for professional negligence in the US and other countries, as well as the schemes used to insure physicians for such liability.	**Feeley, FG; Mariner, WK;**	**2/4/00**	**II.G**	**Background**

750 **E R**	***Changes in Organisational/Legal Forms of Health Care Facilities in the Russian Federation. Abstract of the Analytical Report.***	Summary of an extensive Russian language report which concluded that no existing Russian legal form is sufficient to create the type of "trust" hospital which operates in the British National Health Service. It is difficult to obtain the desired degree of management autonomy within existing Russian legal forms. These prescribe direct Government operation or an independent parastatal corporation which could not be bound to defined health care activities. Recommends creation of a new legal form; drafting of such a bill subsequently undertaken by the Putin Administration (late 2001) to cover health, educational, and cultural facilities needing greater management autonomy.	**BU Moscow Office**	**3/1/00**	**I.B.4**	**Analysis**
760 **E**	***Legal Issues in HIV Prevention among sex workers In the Russian Federation***	Detailed analysis of the provisions of Russian law relating to commercial sex, including recent changes. Raises issues about the effect of liability for intentionally infecting another person with HIV/STD, and the willingness of sex workers to seek testing and treatment. Prepared as input to policy dialogue between USAID and the Russian government on control of HIV/AIDS.	**Mariner WK**	**3/2/00**	**III.A.1**	**Analysis**
770 **E**	***The Non-Profit Health Care Corporation or Trust - A New Form of Governance for Russian Health Care Institutions: Where it Might be Applied; What it Might Accomplish***	Background document prepared for working group on alternative organizational forms. Defines issues which must be addressed in any new form of governance for existing state health care institutions.	**Feeley, FG;**	**3/30/00**	**II.E**	**Analysis**
780 **E**	***Early British Experience with Trust Hospitals***	Background document prepared by one of the first British trust managers identifying lessons learned from the NHS trust hospital experience and potentially applicable to a new organizational form for health care institutions in Russia.	**McNicol, MW;**	**3/31/00**	**II.E**	**Background**
790 **E** **summary** **R**	***Organization and Regulatory Framework for Outpatient/Counseling Hospital Departments in St. Petersburg***	This document was prepared for the St. Petersburg Municipal Health Department before the Project sponsored an experiment in outpatient gastroenterology services at Hospital #7. Outlines the extent of possible savings from shifting gastroenterology cases to outpatient treatment, and outlines the quality standards to be met by departments offering such outpatient services. See #1010 for the outcome of this experiment.	**Inshakov, LN; Zarubin, MY; Anufriyev, SA ;**	**3/31/00**	**III.C.3**	**Rules & Guidelines**

800 **E R**	***The Role of Outpatient Hospital Care in Sweden and Stockholm County***	Prepared for the Project by Swedish and American experts as part of the St. Petersburg (Hospital #7) experiment with the substitution of outpatient for inpatient services. Describes the system used for reimbursement of outpatient care in Scandinavian countries as a possible precedent for St. Petersburg. In the experiment, outpatient services were reimbursed using an existing rate set by the MHI Fund for cases discharged on the day of admission.	**Saltman, R; Berleen, G;**	**3/31/00**	**III.C.3**	**Background**
810 **E**	***Physician Focus Groups on HIV Prevention and Treatment. Summary report.***	Report of focus groups sponsored by the Project inquiring into the knowledge of Russian physicians on laws affecting the testing and treatment of HIV/AIDS. Input to the USAID-Russia dialogue on HIV/AIDS.	**BU**	**6/1/00**	**III.A.3**	**Analysis**
820 **E** **abstract** **R**	***Improving Financing of Health services Delivery at Federal Health Care Facilities.***	Prepared for the Ministry of Health, this document defined new procedures for funding of Federal (tertiary care) medical facilities. Includes the principle that facilities should be paid based on the reasonable cost of a procedure, not on actual costs, thus motivating higher volume of care with available Federal funds. Also defined procedures for monitoring referrals to Federal facilities by other payers (health insurers, individual patients). See #880 for summary in English.	**Russian Academy of Medical Sciences. Republican Analytical Medical Center. BU Moscow Office**	**6/30/00**	**I.B.3**	**Rules & Guidelines**
830 **E**	***Functions of an Independent Physician Organization***	Background memorandum prepared by Project staff describing the functions to be preformed by a private physician organization. The Samara oblast proposed laws for a private physician organization that somewhat confused the roles of professional development and representation of collective interests with a possible quasi-Governmental role in oversight of private practitioners.	**Feeley, FG; Mariner, WK;**	**7/10/00**	**II.A**	**Background**
840 **E**	***Providing Technical Assistance in the Reform of Health Care Laws and Regulations in Russia: Lessons Learned***	Analytic piece prepared for USAID by the Project Managers. Looks at the lessons learned over five years of technical assistance, and evaluates the techniques and mechanisms used.	**Feeley, FG; Mariner, WK; Sheiman, I;**	**7/31/00**	**IV.A.2**	**Analysis**
850 **E**	***Methodology of Payment Methods Assessment for Their Influence on Structure, Volume, Accessibility and Quality of Health***	Further develops ideas for new reimbursement concepts in MHI introduced in #610 and #680.	**Isakova, L;**	**8/1/00**	**I.C.3**	**Comments**

	Care.					
860 **E**	***Reasons for the Rarity of Contracts in the Physician-Patient Relationship***	Background memorandum prepared for Samara working group in response to their anticipation of a written contract between private practitioners and patients. Points out why such written contracts are rarely used in the West (although providers sign written contracts with insurance companies and other third party payers).	**Mariner, WK;**	**10/5/00**	**II.A**	**Background**
870 **E**	***Methodology for Determining Malpractice Insurance Rates***	Background memorandum explaining how malpractice insurance premiums are determined by US insurers. Part of technical support for the effort in Samara to implement the new oblast private practice law.	**Feeley, FG;**	**11/13/00**	**I.G.1**	**Comments**
880 **E**	***Summary of BU activity in supporting MOH work on Improving Finance Schemes of Federal Medical Facilities (FMF)***	A brief summary of the innovations contained in document # 820.	**BU**	**12/31/00**	**I.B.3**	**Rules & Guidelines**
890 **E**	***Samara Draft Malpractice Insurance Policy with Comments***	One of several documents developed under the Project to support the implementation of the Samara oblast private practice law. Local committee prepared a draft policy for insurance of liability for professional negligence by private physicians. Project staff critiqued the draft in detail, finding it too favorable to the insurance company, with insufficient protection for the insured physician when a malpractice case arises.	**Samara Working Group / Comments Feeley & Mariner**	**12/31/00**	**I.G.1**	**Draft/ Comments**
900 **E**	***Samara Physician Association Charter (translated from Russian into English)***	Draft charter, with BUSPH comments, for an association of private physicians to be formed in Samara oblast. Part of a package of documents developed by an oblast working group to implement the law on private practice enacted by the oblast Duma. Comments suggest some clarification of quasi-governmental roles assigned to the private physician's organization. A number of suggestions for greater clarity in role definition and structure based upon experience with professional associations in the U.S.	**Samara Working Group / Comments Feeley & Mariner**	**12/31/00**	**I.G.1**	**Draft**
910 **E R**	***Memorandum of Comments on Contract#18/10097 of Rendering Medical Services of Obligatory Medical Insurance Samara - DRAFT -***	The Samara oblast private practice law permits private practitioners to take contracts for Government/MHI funded medical services. In this document, Project staff review the existing contract between payer and provider based on experience with provider contracts in the West.	**Mariner, WK,**	**3/1/01**	**I.G.1**	**Comments**

920 E	***DRAFT ARTICLE: Patterns of Hospitalization: St. Petersburg, Russia and United Kingdom***	Analysis based on comparing rates of hospitalization by age and diagnosis for the city of St. Petersburg and comparable sized populations in the inner cities of the United Kingdom (from NHS data). Results show consistently higher rates of utilization for all ages and almost all diagnoses in St. Petersburg. Differences from NHS utilization are greater in the younger age groups.	**Anoufriev; S; Feeley, FG; Ismailov, G; McNicol, MW; Sheiman, I;**	**3/15/01**	III.C	**Analysis**
930 E	***The Role of Law in Russian Health Reform***	Article reflecting the U.S. Project Directors conclusions about the role of health law in Russian health care reform. While not a sufficient condition for reform, legal changes are necessary if Russia is to adopt new organizational forms and incentives which would make the health care system more efficient or effective.	**Feeley, FG; Mariner, WK;**	**3/28/01**	IV.A.3	**Analysis**
940 E R	***Independent External Quality Control of Medical Services Rendered by Private Health Care Providers***	Comments by Project staff on the quality control procedures proposed for private practitioners in Samara oblast. Recognizes the step forward taken by the procedures, but proposes further streamlining and removal of a number of ambiguities.	**BU**	**3/31/01**	I.G.1	**Comments**
950 E R	***Regulations For Health Care Delivery and Payment in Pilot Implementation of General Medical Practices in Mandatory Health Insurance System***	Procedures adopted by Tula oblast to implement an innovation supported with a small grant from the Project. Trained General Practitioners (GP's) were given financial incentives to increase primary care and reduce hospital usage. While not given admitting privileges, the GP's were given the right to follow the patient's care in the hospital and, potentially, to press hospital doctors to discharge the patient to outpatient or home care. This role for general practitioners is a ground breaking experiment in the Russian health system.	**Tula Working Group**	**4/1/01**	III.D	**Draft**
960 E	***Implementation of the Grant Program; Intermediate Technical Report (VIRMED Insurance Company, Tula Oblast)***	A very preliminary analysis of the impact of a General Practitioner (GP) fundholding scheme started in a part of Tula oblast at the end of 2000. While too early to be definitive, the analysis suggests that GP's can be effective in reducing the total amount of hospitalization among their patients.	**VIRMED**	**6/1/01**	III.D	**Analysis**
970 E	***Structural Reform of the Health Care System in Russia***	This document was prepared for the Project by the Research Institute of Social Hygiene, Health Organization and Economics in Moscow. It analyzes changes in Russian health statistics over the preceding decade. The total supply of doctors and health personnel has increased as public funding levels have decreased. The number of hospital beds has only decreased slightly, and, in the most recent period, there has been little nationwide decline in hospital utilization.	**Research Institute of Social Hygiene, Health Organization and Economics**	**6/1/01**	III.E.1	**Analysis**

980 E	***Charter for Private Physician Organization***	A model charter for the association of private doctors being formed in Samara oblast. Includes comments by BUSPH, with suggestions for further clarification of the purposes for which the organization is being formed.	**Samara Working Group**	**6/1/01**	I.G.1	**Draft**
990 E	***Procedures for Quality Control in Private Practice***	Proposed quality control procedures for private practice in Samara oblast. See #940 for BUSPH comments, suggesting further streamlining of the regulatory regime.	**Samara Working Group**	**6/1/01**	I.G.1	**Draft**
1000 E	***Summary and Conclusions of the BU HIV Project***	Memorandum report summarizing conclusions reached as a result of: • analysis of Russian law on HIV/AIDS and comparison to such statutes in other countries (see document #570) • review of Russian laws (criminal and administrative) with respect to commercial sex (see document #760) • focus groups held with Russian physicians to determine level of knowledge about laws relating to HIV testing and the treatment of patients with HIV/AIDS (see document #810)	**Mariner, WK;**	**6/30/01**	III.A.4	**Analysis**
1010 E	***Monitoring and Analysis of Activities of Outpatient Gastrointestinal Diagnostics Center at Hospital #7***	Summary and analysis of evaluation data collected from an experiment in St. Petersburg in which patients with gastroenterology complaints were diagnosed and treated in a specially developed hospital outpatient department, rather than being admitted to the inpatient service. Shows success in diverting patients to outpatient care without apparent loss of quality.	**Anoufrief, SA;**	**6/30/01**	III.C.3	**Analysis**
1020 E	***Provision on Procedures for Setting Tasks Regarding Provision of Public Municipal Medical Services***	Document developed for the Ministry of Health in 2001. Designed to move public funding of health care facilities away from payment for capacity or inputs, and to move towards funding based upon delivery of planned quantities of necessary service, with accompanying reductions in total capacity.	**Minzdrav Working Group**	**8/1/01**	I.B.3	**Analysis**
1030 E	***Household Health Expenditures in the Russian Federation: A Report on Two National Surveys***	Complete report of the household expenditure surveys of December 1997 (#400) and December 1998 (#660). Includes tabulations by income, region, and household type for expenditures and percentage of reported household income.	**Feeley, FG; Shiskin, S; Boikov, V;**	**8/31/01**	III.B.3	**Analysis**

1040 **E**	***Evolution of the Health Care Financing System in Kemerovo Region***	A more in-depth evaluation of the effect of reforms in Kemerovo oblast, where innovative payment schemes have been tried for a decade, and where the supply of hospital beds has declined more than in other parts of the Russian Federation.	**Isakova; Zelkovitch; & Boborikina;**	**9/1/01**	**III.E.2**	**Analysis**
1050 **E**	***Evaluation of New Provider Payment Methods in Russia***	Completed at the end of the Project, this document briefly reviews available evidence on the impact of experimental payment systems for health facilities. It finds some cause for optimism, although the experiments have yet to be generalized nationally.	**Isakova; Zelkovitch; Boborikina; & Sheiman;**	**10/4/01**	**III.E.3**	**Analysis**